



## Alliance Program Quarterly Confirmation Form

The Alliance Program Scholarship is in the form of a 10% tuition discount for students employed or otherwise associated with an Academy College Alliance Partner.

Name	Quarter	Quarter end date
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**Alliance Partner**

Name of Business or Organization	Student's association
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**Alliance Partner certification and signature:**

The student named above is currently associated with our company as of the date listed above as a

Client     
  Employee     
  Resident     
  Other \_\_\_\_\_

Alliance Partner name (printed)	Title	Signature
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**Student certification and signature:**

I understand the following:

- I must be currently associated with the Alliance Partner at the of this quarter
- I must be currently enrolled in a program leading to a certificate or degree
- I must turn this form in before the scholarship will be applied

Student Signature	Date
Student Support Liaison	Date
Campus Director Approval	Date

*Office use only*

Quarter code	Tuition Charge	Discount Amount	Applied to account <input type="checkbox"/>	Business Office Init
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